

CHILD'S NAME

DATE OF BIRTH

GRADE

COMPLETED BY

DATE

Tick only what you see often, for 6 months or longer, in more than one place (home and school). Every child does some of these sometimes. What matters is what gets in the way.

1 Focus & Attention

- ☐ Loses focus, misses details, careless mistakes
- ☐ Doesn't seem to listen when spoken to
- ☐ Starts things but doesn't finish them
- ☐ Disorganized, loses things, forgets routines
- ☐ Avoids tasks that take mental effort

3 Mood & Behaviour

- ☐ Argues with adults, refuses requests
- ☐ Big temper or meltdowns for their age
- ☐ Easily annoyed, touchy, or angry
- ☐ Blames others for their own mistakes

5 How It's Getting In The Way

- ☐ Marks below what they're capable of
- ☐ Trouble making or keeping friends
- ☐ Daily conflict at home

2 Activity & Impulse

- ☐ Fidgets, squirms, can't stay seated
- ☐ Always on the go, as if driven by a motor
- ☐ Blurts out answers, interrupts
- ☐ Can't wait their turn
- ☐ Acts before thinking

4 Worry & Low Mood

- ☐ Anxious, worried, afraid to try new things
- ☐ Very hard on themselves
- ☐ Sad, withdrawn, or trouble sleeping
- ☐ Avoids or refuses school

- ☐ Homework takes far too long, or ends in tears
- ☐ The teacher or school has raised concerns
- ☐ Their confidence is dropping

When did you first notice this?

What have you already tried, and did it help?

FOR THE PHYSICIAN

Refer to Thrive Kids Clinic for ADHD assessment

HOW TO REFER

Ocean eReferral or fax.
Search "Thrive Kids Clinic physician referral" for the form.

CURRENT WAIT

3 to 4 weeks from a complete referral.

HELPFUL TO INCLUDE

Recent report card, teacher comments or IEP, any rating scales done.

COVERAGE

OHIP covered.
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